



## **Application for Reconsideration Trade Adjustment Assistance (TAA) for Workers**

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### **PROCESSING INSTRUCTIONS**

**Background.** The TAA for Workers program (TAA Program) is authorized under Title II of the Trade Act of 1974, as amended (19 U.S.C. § 2271 et seq.) ("the Act"). The TAA Program provides workers who have been adversely affected by foreign trade with opportunities to obtain skills, credentials, resources, and support necessary to become reemployed. The TAA Program offers the following benefits and services to eligible workers: employment and case management services, training, out of area job search and relocation allowances, income support through Trade Readjustment Allowances (TRA), and the Reemployment Trade Adjustment Assistance (RTAA) benefit for workers aged 50 or older who find qualifying reemployment. Filing a petition is the first step in qualifying for TAA Program benefits and services. In response to a filing, the Department of Labor (the Department) conducts an investigation to determine whether foreign trade was an important cause of the workers' job loss or threat of job separation. After the investigation, the Department determines worker group eligibility to apply for TAA Program benefits and services. A state workforce representative will notify workers in a certified group of the determination at which time the individual worker may apply for eligibility of benefits and services at a local American Job Center. For a worker to be eligible to apply for individual eligibility, the worker must be part of a group of workers that is the subject of a petition filed with the Department. Additional information is available on our website at: [www.dol.gov/agencies/eta/tradeact/](http://www.dol.gov/agencies/eta/tradeact/).

**Filing Instructions.** A request for reconsideration applies to a petition for certification of eligibility to apply for adjustment assistance for a group of workers that was terminated or for which a negative determination was rendered following an investigation by the Department, or for the termination or partial termination of a certification. A valid application for reconsideration, including attachments, is treated as a public document.

### **Who May File an Application for Reconsideration?**

- A worker; a union or other duly authorized representative of such worker(s) in the firm; the employer(s) of such worker(s); American Job Center operators or partners, including State workforce officials, employment security agencies, or dislocated worker unit and rapid response team members.

### **How to File a Valid Application for Reconsideration:**

- The following information must be completed for an application for reconsideration to be considered valid: the name and contact information of the applicant(s); the name or a description of the group of workers on whose behalf the application for reconsideration is filed; the petition number identified on the petition or determination that is the subject of the application for reconsideration; the reasons for believing that the termination of the investigation, denial, or termination or partial termination of a certification is erroneous, including any issues which the applicant asserts require further investigation; any information that may support the application for reconsideration, including material not considered prior to the termination of the investigation, denial, or termination or partial termination of a certification; and the signature(s) of the party, or representative thereof, requesting reconsideration. Required fields are marked with an asterisk (\*).

### **How to File an Application for Reconsideration with the U.S. Department of Labor:**

There are three methods to file an application for reconsideration with the Department. Please submit the application using only one of the methods below; submitting the same application using multiple methods will not speed the process but can slow the process.

- Email the completed application to [reconsiderations.taa@dol.gov](mailto:reconsiderations.taa@dol.gov);
- Fax the completed application to (202) 693-3584, (202) 693-3585, (202) 693-3986; OR
- Mail the completed application to:  
U.S. Department of Labor  
Employment and Training Administration  
Office of Trade Adjustment Assistance  
200 Constitution Ave NW, Room N-5428  
Washington, D.C. 20210

### **For Filing Assistance:**

A worker may contact their local American Job Center or their State Dislocated Worker Unit or State Workforce Agency for assistance in preparing an application for reconsideration, using the telephone numbers or Internet addresses provided below.

**Toll-Free Helpline:** 1-877-US2-JOBS (TTY) 1-877-889-5627



**EMPLOYMENT AND TRAINING ADMINISTRATION**  
UNITED STATES DEPARTMENT OF LABOR

OMB  
Number: 1205-0342

Expires: 09/30/2022

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**Internet:** <https://www.dol.gov/agencies/eta/tradeact/contact-us/state-office/>, OR  
<https://www.careeronestop.org/>

**Public Burden Statement.** Persons are not required to respond to this collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. Responding is required to obtain or maintain benefits (19 U.S.C. 2321 and 2271). Public reporting burden for this collection is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor at the address provided above (Paperwork Reduction Project 1205-0342).



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### **Section 1. Applicant Information**

Please provide applicant information below.

a) Petition No. TA-W-\_\_\_\_\_\*

#### *Applicant*

b) Name\* \_\_\_\_\_  
c) Title \_\_\_\_\_  
d) Street Address\* \_\_\_\_\_  
\_\_\_\_\_  
City\* \_\_\_\_\_  
State\*, Zip Code\* \_\_\_\_\_  
e) Phone – Main\* \_\_\_\_\_  
f) Phone – Alternate \_\_\_\_\_  
g) E-Mail \_\_\_\_\_

h) Applicant Type: ☐ Worker / Group of Workers ☐ Company Official ☐ State Workforce Office  
(Please check one) ☐ American Job Center ☐ Union Official ☐ Other Duly Authorized Representative

Union Name: \_\_\_\_\_

### **Section 2. Attestation of Information**

The information you provide on this application form will be used for the purposes of determining worker group eligibility and providing notice to petitioners, workers, and the general public that the application has been filed and whether the worker group is eligible to apply for TAA benefits and services. Knowingly falsifying any information on this Application for Reconsideration is a Federal offense (18 U.S.C. § 1001) and a violation of the Act (19 U.S.C. § 2316). The applicant(s) listed in *Section 1 – Applicant Information* should sign and date below, attesting to the fact that they are authorized to file an application.

#### *Applicant*

a) Signature \_\_\_\_\_  
b) Name (Print) \_\_\_\_\_  
c) Date \_\_\_\_\_



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**Section 3. Group of Workers/Worker Group/**

Please provide information regarding the name or a description of the group of workers on whose behalf the application for reconsideration is filed. If there are multiple locations, include those additional locations in the description.

a) Group of Workers/Worker Group\* \_\_\_\_\_

b) Street Address\* \_\_\_\_\_

City\* \_\_\_\_\_

State, Zip Code\* \_\_\_\_\_

c) Descriptions of Workers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 4. Reason for Application for Reconsideration**

a) Please provide the reason(s) for believing that the termination of the investigation, denial, or termination or partial termination of the certification is erroneous, including any issues which the applicant asserts require further investigation. Please also provide any information that may support the application for reconsideration, including material not considered prior to the termination of the investigation, denial, or termination or partial termination of a certification. Attached additional sheets as needed.

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b) If additional information is provided, check the box below and indicate how many additional pages are filed in support of this application for reconsideration.

☐ I have attached \_\_\_\_\_ (# of pages) of additional information or supporting documents.



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### **Section 5. Additional Company Contact Information**

Provide contact information for one or more company officials, other than those listed on the original petition, whom should be contacted for additional information regarding this application for reconsideration.

	<b>Official 1</b>	<b>Official 2</b>
a) Name of Official	<hr/>	<hr/>
b) Title of Official	<hr/>	<hr/>
c) Official's Firm Name	<hr/>	<hr/>
d) Address	<hr/>	<hr/>
e) Phone – Main	<hr/>	<hr/>
f) Phone – Alternate	<hr/>	<hr/>
g) Fax	<hr/>	<hr/>
h) E-mail	<hr/>	<hr/>